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ABSTRACT

This document, one in a series developed to provide technical assistance to 22 Long-Term Care Gerontology Centers, consists of two general sections. The first section is devoted to policy issues and themes related to long-term care delivery, including manpower and staffing patterns, coordination, regulation and quality control, teamwork, and resource allocation. The second section focuses on the process of service delivery, specific service models, and program descriptions. Materials related to health and social services for the frail elderly are also provided. The reference section contains an annotated bibliography, general citations, resource lists, and a chart of service delivery models. (RC)

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ELM Services INC

MODELS FOR SERVICE DELIVERY FOR LONG TERM CARE: AN INTRODUCTION TO THE LITERATURE

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Volume 1 in a Series:

Selected Topics in Long Term Care

September, 1980

Developed under
Administration on Aging
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Selected Topics In Long Term Care

Volume 1

Models For Service Delivery For Long Term Care: An Introduction To The Literature

Prepared by ELM Services, Inc.

With an Essay by

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ELM Services, Inc.
Long Term Care Gerontology Group

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PREFACE

This document is one of a series developed by ELM Services, Inc. and a group of special consultants under Administration on Aging contract HEW-105-79-3008, a contract to provide technical assistance to twenty-two Long Term Care Gerontology Centers. The series, entitled Selected Topics in Long Term Care, contains five monographs with annotated bibliographies and additional resources. They are:

Volume 1: Models for Service Delivery for Long Term Care: An Introduction to the Literature, with an essay by Rosalie A. Kane, D.S.W. and Robert L. Kane, M.D.

Volume 2: Adult Daycare Services: An Introduction to the Literature with an essay by Richard A. Kalish, Ph.D.

Volume 3: Financing Long Term Care, with essay and bibliography by Jay Greenberg, Sc.D. and David Doth, M.A.

Volume 4: Program Evaluation and Evaluation Research: Theory, Issues and Applications Useful in Long Term Care Gerontology Centers, with an essay by David J. English, D.B.A. and Celia Berdes, M.S.P.H.

Volume 5: Education and Training Resources for Long Term Care Gerontology Centers, with an essay by Tom Hickey, Dr.P.H.

Each of the identified topics in the monograph series is integral to the Centers' basic mission of enhancing knowledge in long term care through policy research, increasing manpower in gerontology/-geriatrics, and/or providing technical assistance to communities in their regions.

The mandate of Long Term Care Gerontology Centers has been expressed by the Commissioner of the Administration on Aging, Robert Benedict:

> Comprehensive designation will be a recognition that these few centers have achieved a critical mass of intellectual talent, of community linkages, and of programmatic development across a wide variety of disciplines. Designation will serve as a measure of accomplishments pointing to these "centers of excellence" as those few institutions which are comprehensive programmatically in research, education and training, foremost in the creation of service laboratories

where assessment schemes, training and care with a multidisciplinary approach can be mounted, and in the development of key ties to community sites and service configurations.

Comprehensive gerontology centers will develop training teams, a cadre of experts to provide the nation and their regions with manpower through inter-disciplinary education and training efforts and continuing education programs.

They will develop research endeavors covering policy research, organizational design, human service system integration, economics and the whole range of validated assessment and evaluation tools we will need. They will include an emphasis on our data needs for the future.

Moreover, these centers will show strong linkages to communities and to the community service systems. Hand in hand, centers will provide the knowledge and technical assistance base for communities and especially community demonstrations.[1]

These Selected Topics in Long Term Care were chosen as the result of a survey of Long Term Care Gerontology Center directors conducted in the spring of 1980. Their focus was further refined at a conference which convened a team of experts in long term care and Long Term Care Gerontology Center grantees at Thousand Islands, New York in August of that year. (A list of conferees is included as an appendix.) The objective of both processes was to meet the needs of the twenty-two centers for guides to the state-of-the-art in key areas. The more general utility of the documents reflects the process by which they were created.

Participants in the Thousand Islands conference were asked to review an initial draft of a literature search and to apply their critical comments and knowledge of resources to the content and format of the documents. The mission presented to attendees was to assist in the creation of "functional" documents which could provide centers with both an overview of the theory surrounding a specific topic and a practical guide of "how-to" information.

Consultants and grantees initially discussed the specific information needs of Center grantees. Much of this discussion

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[1] From a speech before Long Term Care Gerontology Center grantees, February 1, 1980.

focused on the definition of the five topic areas and how information about them could be organized and presented to be of maximum use to the reader.

Each topic was then addressed by the conferees in general session. Specific subtopics were defined and further clarified in small working groups. Thus, by the end of the third day of the conference, the issues in each of the five topic areas had been identified and an approach to the presentation had been established.

The Conferees next dealt with subtopic areas, specifying key citations and fugitive information difficult to obtain but essential to an understanding of the state-of-the-art. In addition, they noted resource persons and organizations who, in the absence of literature, could provide key insights into each of the topics.

Subsequent to the Conference, ELM sought out and acquired the additional literature highlighted at the conference. In an attempt to provide the most current and advanced resources, the majority of the material cited is dated post-1975. Literature dated before that time has been cited if considered to be of special interest to centers. It has not been the intent of ELM to produce all-inclusive bibliographies, rather, the bibliographies have highlighted those portions of the literature whith appear to related to center functions or information needs.

ELM also asked individual consultants to utilize the collectively developed outlines to prepare state-of-the-art essays for each topic. These essays are intended to serve as guides to the literature.

An "Additional Resources" section has been developed by the ELM staff for four of the five monographs; the financing monograph is self-contained. Within these sections, resource persons have been identified, relevant organizations and associations have been listed, and additional bibliographies have been cited.

The resource persons have been identified through the collaborative efforts of project consultants and staff, by the extent of an individual's contribution to the literature, and finally, when agreements to be included as a resource person could be secured from the individuals themselves. The lists of resource persons are thus by no means exhaustive.

It is not intended that the role of resource persons will be to respond to every question germane to their stated field of specialization. Rather, they are to be utilized with discretion by the directors and staffs of Long Term Care Gerontology Centers when further direction or insight cannot be obtained through the literature or more readily available resources. Careful consideration should be given to the nature of a request and the time necessary to respond to that request. It should also be noted

that many of the resource persons are available for professional consultation.

A separate volume was developed (for distribution to Long Term Care Gerontology Centers only) consisting of single copies of selected articles. Articles have been selected for inclusion based on the significance of their contribution and the relative difficulty in obtaining copies. Readers may be able to obtain copies of these articles by contacting the centers. ELM also has copies of the majority of articles on file and may be able to provide single copies. A list of Long Term Care Gerontology Centers as of this date has been provided as an appendix.

ELM would like to express its appreciation for their assistance in the production of this series to all the attendees of the Thousand Islands conference. Deep appreciation must also go to Thomas Aschenbrener, the Project Officer on this technical assistance contract, for his assistance and supportive stance on innumerable occasions. Finally, ELM would like to express its appreciation to research staff members Celia Berdes, Kathleen Grady, Molly O'Connell Hart, Jane Armbruster-Hu and Patricia Berger-Friedman for their dedication and perseverance on this project.

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SECTION I

THE LONG TERM CARE SERVICE DELIVERY SYSTEM

A. INTRODUCTION

Long Term Care Gerontology Centers are mandated to bring together health and social scientists and a wide variety of practitioners to constitute "centers of excellence" in long term care. These Centers will serve as resources, and even fulcrums, for efforts to improve long term care services. Common criticisms of long term care describe it as uncoordinated, fragmented, overly imbued with the "medical model"; or, alternatively, neglected by first-class medical care, overly dependent on institutional care, dehumanizing, and exorbitantly expensive. To provide leadership in this atmosphere, the Centers must understand generic problems in long term care delivery as applied to their own states and regions.

Service delivery models for long term care theoretically encompass a great diversity of activities. Considering the variety of services that could constitute a long term care delivery system, no Long Term Care Gerontology Center is likely to become actively involved in all or even most forms of long term care. Nevertheless, as a regional resource for education, both basic and continuing, and for technical assistance, the leadership and staffs of the Centers should be familiar with various components of long term care and the state of the art of each form of service. At the outset, we note that the plethora of theoretical analyses far exceeds the number of well-done empirical studies upon which specific actions might be based.

To the extent that the Centers move actively into demonstrating and studying long term care services, they face difficult choices when information about service efficacy is lacking: (1) they can proceed on the basis of theory and case histories; (2) they can use their best judgment in extrapolating what is known to the specific circumstances that they encounter; or (3) they can work in an experimental or quasi-experimental mode, thus contributing to our continued understanding of the problems surrounding the delivery of long term care. Fortunately, these choices are not mutually exclusive. Because of the expectation that each Center, at least on some occasions, will follow the third path, material about the range of service delivery options provides a context for hypothesis formation.

The following brief discussion of literature and resources has two general sections. The first section is devoted to policy issues and cross-cutting themes. We review some general works on the long term care system and then discuss specific themes related to topics such as manpower and staff mix, coordination, regulation and quality control, teamwork, and resource allocation (public vs. private, institution-based vs. community-based, formal vs. informal). These are themes that recur in the long term care literature. We then turn to material

dealing with the process of service delivery: these can be depicted in the paradigm of case finding/client recruitment, assessment, case planning, service delivery, monitoring, and reassessment. Under the heading of service delivery, we touch briefly on resources relating to specific service types; here the citations tend to be compilations of program descriptions. When we are aware of empirical studies of specific programmatic elements of the long term care delivery system, we cite those references. We assume that the Centers are interested in both programmatic components of a delivery system and that in the many ways they can be articulated to form an effective, efficient, and responsive service. To put some boundaries around our review, we emphasize material related to health and social services for the frail elderly and do not emphasize the broader range of societal functions such as income maintenance, education, recreation, or employment. Lacking encyclopedic knowledge of all aspects of long term care, we have concentrated on those with which we are familiar. As partial compensation for treading into terra incognita, we have indicated additional reviews of a subject as a point of departure for those seeking more information.

B. POLICY ISSUES

1. General Discussions

A number of authoritative volumes have examined issues in long term care from a policy perspective. Some have based their conclusions on empirical analyses; others rely on a review of the field and expert opinion. Among the former are a volume from the Urban Institute (Scanlon, DiFederico, and Stassen, 1979) and one from the General Accounting Office entitled Entering A Nursing Home (U.S. General Accounting Office, 1979a). In the Annual Review of Public Health, Kane and Kane provide a review of long term care in the United States (Kane and Kane, 1980b).

Although somewhat outdated, Long Term Care: A Handbook for Researchers, Planners, and Providers, edited by Sylvia Sherwood (1975), contains valuable discussion on a range of topics. It provides a basic groundwork that can be supplemented with two recent books that provide insight into two different aspects of the long term care service delivery network. In The Aging Network, Estes (1979) describes the achievements and shortcomings of the social service system for the elderly, particularly those programs supported by the Administration on Aging (AoA). In Unloving Care, Vladeck (1980) exposes the nursing home industry and the political and economic environment that spawned it. Each volume reflects the strong opinion of its author and, taken together, they provide a useful illumination of the conditions of long term care delivery. The Handbook of Aging and the Social Sciences (Binstock and Shanas, 1976) also contains several excellent chapters describing services, particularly social services (Beattie, 1976). Each chapter includes a lengthy bibliography. We anticipate that a volume forthcoming this fall (Callahan and Wallack, in press), reflecting the work of the University Health Policy Consortium, will be an important resource.

Information about long term care service delivery has often emerged through the route of conference reports. In 1973, the Gerontological Society, with a grant from AoA, sponsored a seminar on "Evaluative Research on Social Programs for the Elderly" (O'Brien and Streib, 1977). The contributed papers provide discussions of institutional programs, mental health services, housing, nutrition, and manpower training; the authors use a "systems perspective" when discussing their own sections. Alternatives to Institutional Care for Older Americans: Practice and Planning (Pfeiffer, 1972) also provides a general discussion. LaPorte and Rubin (1979) report the results of a conference of governmental and nongovernmental participants addressing many aspects of long term care with emphasis on regulation issues. In 1978, the American Association for the Advancement of Science convened experts from academic and practice areas to examine many facets of long term care (including housing and transportation) and to make recommendations on needed research and technology. As part of an AoA-funded project, the University of Chicago commissioned a series of papers on long term care policy which were used a springboard for a conference in Williamsburg, Virginia in June 1980 (Butler and Newachuck, 1980; Callahan, 1980; Fullerton, 1980; Kane and Kane, 1980c; Kutza, 1980; Greenberg and Pollak, 1980). The papers will be forthcoming in a book, which will also contain an integrative paper (Meltzer and Farrow, 1980) that summarizes Federal policy options in Long Term Care.

2. Alternatives to Nursing Homes

Much of the literature of long term care is colored by a search for "alternatives to nursing home care", which is the predominant form of service in the United States. Many authors have provided useful insights into both the promise and the pitfalls of alternative forms of services (See, for example, Shore, 1974; Lawton, 1978; Kahana and Coe, 1975; Kane and Kane, 1980a; Dunlop, 1980). These writings and others can provide the Centers with some consensus on factors requiring consideration by any group contemplating a program of "alternatives". Questions about targeting, efficacy, and feasibility emerge from this literaure.

Targeting: The target population must be understood and specified. The literature suggests that programs appropriate for one group may not fit another and, conversely, targets originally set may be modified when they are difficult to meet. In this regard, Centers should note that, despite demographic projections of an increase in numbers of elderly and of very elderly, some authorities predict that the numbers of disabled elderly will not increase proportionately (Fries, 1980).

As Kutza (1980) and others point out, targeting requires great care in defining the population at risk. A landmark study of a large sample of elderly community residents in Cleveland used a summary of impaired domains to describe need (U.S. General Accounting Office, 1977b; 1979b). The presence of impairment in the various areas (physical, mental, social, economic, and activities of daily living) was rated and the individual's overall impairment was determined by the number of areas affected.

Table 1 illustrates the proportions of the population with varying levels of impairment under this scheme. Although virtually all (87 percent) of the nursing home patients from a different study were classified in the two most severe categories, so too were fourteen percent of the elderly in the Cleveland community. In fact, among the extremely impaired, there were two persons in the community for every one in an institution, and, for the greatly impaired, there were thirteen. Calculating summary impairment scores in this way, however, assumes that each area of impairment is equally important, whereas the services required for various combinations may be very different.

We emphasize this issue because the choice of target population determines the goals or expectations that are reasonable for a program. A study of the disabled elderly in Massachusetts found a much lesser extent of unmet need than had been anticipated (Branch, 1977). Delaying or avoiding institutionalization for a group of community residents is very different from deflecting a group about to enter a nursing home and even more distinct from deinstitutionalizing a nursing home resident. Similarly, it is important to distinguish delayed deterioration from improvement; the former cannot even be suggested as a benefit of a program without a control group.

Efficacy: The approaches chosen should be reviewed carefully for evidence of efficacy, ideally with similar populations to those who would receive the proposed "alternatives". Here the Center should review evidence that an approach achieved its intended goals and, at the same time, that no unforseen consequences occurred as a by-product. The Center should be familiar with classic studies of protective services for the elderly, such as Blenkner, Bloom, and Neilsen (1971), who suggested that intensive protective service was associated with institutionalization and even higher mortality compared to a control group.

Indeed, several major studies of long term care interventions have shown results that are either contraintuitive or at least illustrative of the diffferential effects of programs on subgroups of the larger population. In Katz's randomized trial of visiting nurse care for patients discharged from the hospital, those less impaired fared better than those more impaired (Katz et al, 1972). A later effort to use indigenous workers to provide home-based services failed to produce the anticipated changes (Papsidero et al, 1979). In a controversial study, Weissert and his colleagues (1980) concluded that neither daycare nor homemaker services fulfilled their expectations because small gains in function came at the cost of greater overall expenditures. We would recommend that Centers consider these studies as they develop models for alternatives to nursing homes.

To express outcomes of alternative care packages in relation to their cost, approaches are needed to compare services that occur under different auspices. Lists of different types of long term care are regularly compiled (see Shore, 1974 and Tobin, 1975, for two examples that indicate the range of service and auspices). The Duke Center for the Study of Aging and Human development developed an approach to comparing services using generic groupings. The resulting taxonomy of

Table 1

Impairment Levels of Institutionalized and Noninstitutionalized People (Percentages)

Impairment level	Noninstitutionalized people		Institutionalized people [a]	
Unimpaired	21		1	
Slightly	21		1	
Mildly	18	86	2	13
Moderately	17		5	
Generally	9		4	
Greatly	7	14	11	87
Extremely	7		76	
	100		100	

[a] Based on a survey of institutionalized elderly reported in E. Pfeiffer (ed.), Multidimensional Functional Assessment: The OARS Methodology—A Manual. Durham, North Carolina: Duke University Center for the Study of Aging and Human Development, 1975.

Source: U.S. General Accounting Office, 1977b.

twenty-four basic classes of services used in the Cleveland GAO study can be found in these reports (U.S. General Accounting Office, 1977b; 1979b). This classification offers a format for "disaggregating" both formal and informal care and estimating the extent of that input, regardless of the source.

Feasibility: Finally, the Centers will face practical problems in demonstrating alternatives. Practicalities often interfere with innovation. Although demonstration and research funds are available for some types of studies, any major departure from current practices to cover new types of services, new loci of care, or new provider categories will require special waivers to authorize payment. The inequisites and perverse incentives of the present governmental reimbursement system have been noted (Scanlon, 1979; U.S. General Accounting Office, 1979a; Vladeck, 1980). Similar problems may be faced with regard to Certificates of Need for new services and licensure regulations for new types of providers.

3. Manpower

Manpower needs for long term care have been inadequately described. Despite general exhortations in the literature that a variety of professionals and ancillary personnel are needed to care for the elderly, only a handful of studies have attempted to quantify these needs. One example of the latter related to medical manpower is a Rand Corporation study (Kane, et al, 1980a,b) that projects the need for medical manpower for long term care through the year 2030. The technique used to make the projections could be extrapolated to other disciplines whenever basic demographic data are available. Lack of systematic attention to manpower is a serious gap in the literature, particularly with growing concerns about possible shortages of qualified personnel on the one hand and possible over-professionalization of care-giving roles on the other. Another inadequately explored theme concerns the role of the master's level gerontologist in the delivery system.

Given the current shortcomings of medical care for the elderly, various suggestions have been advanced. The Institute of Medicine (1978) has recommended an increase in gerontologic content in traditional medical education , while recognizing that non-physician practitioners (i.e., physican assistants and nurse practitioners) may play a substantial role (Scheffler, 1979). Reports of successful use of nurse practitioners as primary care-givers confirm their potential as primary care providers, both in the nursing home (Kane et al, 1976) and in the community (Master et al, 1980).

4. Medical and Social Models

Much has been written about the distinction between medical and social models - possibly too much. The relative emphases on clinical and technical solutions of medical care and the associated fears that one aspect of care will dominate all others has provoked responses ranging from antagonism to proposed mergers. The distinctions are exacerbated (if not produced) by funding mechanisms, because funds from Title XVIII

(Medicare) and Title XIX (Medicaid) are built around medical services, whereas Title XX and AoA monies focus on social services. Another section of this series of bibliographies deals specifically with financing issues. For our purposes, we note that the distinctions are becoming increasingly blurred as the interdependency of social and medical services in Long Term Care is appreciated. From a practical standpoint, however, the frustrations for those attempting to provide comprehensive services has been documented (Federal Council on Aging, 1978); they must seek funding from agencies with different mandates, guidelines, forms and timetables. A promising development in the synthesis of medical and social models has been proposed by the Florence Heller Policy Center at Brandeis (Morris, 1974; Winn and McCaffree, 1979): a new structure called a Social/Health Maintenance Organization (S/HMO) would build on experience with prepaid capitated health care (HMOs) to introduce a similar system of capitation that would foster interchangeability between social and medical services. A chapter in a forthcoming book on the long term care system (Diamond and Berman, in press) treats the Social/Health Maintenance Organization idea in detail. Although this approach has not yet been implemented and thus retains some unresolved practical problems, the concept represents another step in the progression toward more coordinated services and is one of the models to be tested in the forthcoming long term care channeling demonstration project under HCFA and AoA sponsorship (discussed below).

5. Regulation

Regulation of long term care services has been active but not extremely successful. Efforts directed at both cost containment and quality improvement (often paradoxically pursued simultaneously) have frequently led to frustration of the regulators and animosity of the regulated. Several authors (Scanlon, DiFederico, and Stassen, 1979; Dunlop, 1979) note that strategies to control utilization by limiting resources (particularly nursing home beds) through active enforcement of Certificate of Need policies reduces competition and therefore weakens leverage over those performing poorly.

Most discussions of quality and quantity control in long term care pertain to institutional services (Jones, Densen, and McNitt, 1974); the literature is sparse regarding the utilization and quality of non-institutional care. The major experience with regulating nursing homes comes from state departments of health, Medicaid agencies and the PSROs, which have lately moved into long term care review. The cumulative experience of ten PSRO demonstration projects in long term care is described in a Rand Corporation study (Kane et al, 1979). Just as the PSRO is concerned with care delivered with public dollars, the Federal Trade Commission is currently taking an interest in abuses within the private section of the nursing home market (Taylor, 1979).

6. Auspices of Care

Long term care critics frequently chafe at the proprietary nature of this care sector. The work of Dunlop (1979), Vladeck (1980), and Moss and Halamandaris (1977), the latter derived from the hearings of the Senate Subcommittee on Aging, reinforce this conviction. Indeed, many outstanding models of long term care are based in voluntary institutions such as Hebrew Rehabilitation Center for Aged in Boston, Philadelphia Geriatric Center, Benjamin Rose Institute in Cleveland, and Baycrest Center for Geriatric Care in Toronto. We must reluctantly conclude, however, that no clear data are available to establish the fact that better care is generally rendered in non-profit settings as opposed to profit-making ones, especially once the cost of care is held constant.

7. Informal and Family Care

Centers will be plunged into the middle of the debate about the way that publicly funded services affect the large volume of services presently provided on a voluntary basis by friends, neighbors, and above all, family members. On the one hand, a policy is sought that is equitable and produces no unfair expectation of relatives; on the other, informal care is recognized as a keystone to keeping costs within bounds. One possibility is to provide family members with incentives (in terms of money payments or tax credits) in exchange for long term care services. Many writers have commented on the imponderables for future planning, given dramatic changes in family structure, marriage patterns, and women in the market place over the last decades (Morris, 1977). Callahan and his colleagues (1980) provide an up-to-date and thoughtful discussion of family responsibility for elderly relatives as it has been expressed in past policies. Possibilities for future policy are suggested, along with informed speculation about the possible effects of various reforms. On the level of a specific empirical study, Eggert and his colleagues (1977) followed a cohort of post-hospital patients after their discharge into the community; the study is significant in that it documents (1) the paltry amount of formal services received by the families and (2) the sharp drop-off in community discharges of the sample members following a subsequent rehospitalization. When they empirically examined the support systems of elderly persons, Kulys and Tobin (1980) found that many were "thin" in the sense that, if a single support were sometimes withdrawn, no backup would be available. The support systems were also sometimes weak in the sense that no discussions had taken place between the elderly persons and their designated "responsible other" about mutual expectations in the case of need for care.

8. Teamwork

The comprehensive nature of geriatric care leads inevitably to the concept of the interdisciplinary team. Considerable literature is available about teamwork in general. Most commentators extol the virtue of team care and even offer manuals on how to provide it (Baldwin, Rowley, and Williams, 1980; Rubin, Plovnick and Fry, 1975; 1978). However, evidence that team care is effective compared to non-team services is difficult to muster; Kane (1975) has described some of the methodological problems in evaluating the effectiveness and the efficiency of teamwork. More research is needed to compare the relative effects of team care versus deployment of equal resources on individual efforts. We cannot identify resources in the literature that could provide the Centers with any firm indication of optimum manpower mixes (in terms of disciplinary mix or levels of skill) to perform specified functions. We hope that the work of the Centers will help fill that void in our knowledge.

9 Coordination of Services

Most topics which fall under the general rubric of long term care service delivery converge in concern over the coordination of services. Sometimes the focus is on integrating health and social service more effectively, sometimes on filling gaps and avoiding duplication in the network of services available in the community; the view is often expressed that unnecessary costs can be avoided with better coordination, even after the costs of coordinating mechanisms are considered. Many of the already-cited papers presented at the Williamsburg conference address those themes, particularly Meltzer and Farrow's overview and Callahan's paper (1980).

A rich reservoir of experience has been accumulated by demonstration projects designed to test different ways that high-risk elderly persons might be managed in the community. The focus of such projects is on fostering community-based care and containing costs through demonstrating the role of case management. The major studies include the Community Care Organization in Wisconsin (Applebaum, Seidl, and Austin, 1980); the Community Care Program in Georgia (Skellie and Coan, 1980); ACCESS in Monroe County, New York (Eggert, Bowlyow, and Nicholas, 1980); and TRIAGE in Connecticut (Bernier and Quinn, 1979; Hodgson and Quinn, 1980). The first two are randomized trials and the latter two use other forms of control groups. Each varies slightly as to the target group and the means of intervention, but all point to at least some success in decreasing the use of nursing homes and improving the functional level of clients. Greenberg and his colleagues (1980) critically reviewed these projects and questioned their ability to generate data adequate for policy change. In contrast, the GAO's review of these projects (U.S. General Accounting Office, 1979a) concluded that a dramatic shift toward more community services was justified on the basis of the findings. The Department of Health and

Human Services, reluctant to make major policy changes on the basis of this evidence alone, has sought more time and information through proposing a national channeling demonstration, to be jointly funded by HCFA and AoA. These demonstrations will test a variety of models, including (1) case management of existing resources; (2) increase in the number of resources; (3) direct control of funds by the base management agency; and (4) a single, capitated system in which the channeling agency assumes full fiscal responsibility. The Request for Proposals for National Long Term Care Channeling Demonstration (U.S. DHHS, 1980) provides a useful description of the rationale for the channeling initiative.

One aspect of coordination of services is the linkage between acute hospital and long term care. As awareness of the elderly segment of our population continues to expand, a variety of community institutions are expressing an active interest in long term care. It is increasingly common to see hospitals anticipating closer links with the community by offering specific geriatric clinics and closer relationships with social service agencies and nursing homes. However, these linkages are not always easily forged (Bleiweiss and Simson, 1976). Discharge from an acute hospital is often a pivotal decision point during which those responsible for hospital discharge planning may be disassociated from past or potential community-based care-givers. Some writers focus on the decision-making process for the elderly individual, especially at times of stress (Guttman, 1977; Kane, 1978). Empirical work is underway in various parts of the country to examine the pathways that lead elderly persons to institutions; among those working in the area are Rose Dobrof (Hunter College School of Social Work) and Claudia Coulton (Case Western Reserve School of Applied Social Services).

In addition to the descriptions of the demonstration projects in case management, other general works describe the process of coordination. Steinberg and Carter (in press) are preparing a handbook of guidelines and models for case coordination programs for the elderly; an outgrowth of an AoA-funded project to review such programs, this promises to be a definitive resource. Levenson (1977) describes the Massachusetts Home Care System. Other resources include Kirschner Associations (1975), Gottesman and his colleagues (1979), and Taber, Anderson and Rogers (1980).

Although planners in the United States have become accustomed to looking toward Western Europe for models of improved, coordinated long term care, current literature indicates that the Europeans share some of our problems. Kane and Kane (1976) assembled data from five European countries (and Israel) to illustrate long term care delivery systems that are more coordinated and planned than our own. Other European analogues include a study of home-based services in eight countries (Kamerman, 1976) and a broadly based review of programs for the elderly

in forty-four countries (Teicher, Thursz, and Vigilante, 1979). Ironically, however, recent reports by European authors emphasize the need for more and better institutional care for the elderly (Dieck, 1980; Pinker, 1980).

Some innovative schemes currently being undertaken abroad respond to perceived problems in just those areas where European programs have seemed most advanced; for example, Davis and Challis (1980) present an approach to dealing with the inadequacy of community resources and dwindling personnel pool, and Flynn (1980) discusses ways to enhance coordination of social and health care for the elderly in Britain and Ireland. Many of the papers cited in this paragraph are found in a special issues of The Gerontologist published in June 1980; the entire issue is a convenient resource for state-of-the-art descriptions of the U.S. and foreign efforts to coordinate services.

SECTION II

PROCESSES OF SERVICE DELIVERY

The progression of casefinding/recruitment, assessment, case planning, service delivery, and monitoring/reassessment can be applied to any programmatic element of a long term care delivery system. Each of the concepts are important, although the literature is not neatly organized to reflect the separate steps. We discuss each step briefly, giving most attention to assessment and service delivery; under the latter heading, we attempt to suggest at least one resource for a long list of services.

A. CASEFINDING/CLIENT RECRUITMENT

Under this general category we include ways of defining the population eligible for a particular service and strategies to reach the population-at-risk. Concerns about equity of service across individuals and appropriateness of service for the particular individual must both be reflected in eligibility criteria.

Some effort has been expended to develop and test screening tools to identify those in need of service. The Short Portable Mental Status Exam (Pfeiffer, 1975) has been suggested as a screening device for cognitive functioning. Savage and Britton (1967) have suggested a short screening device for measuring mental health among the community-based elderly. Lawton (1972) indicates a number of short scales for assessing self-care abilities and more complex social skills. Grauer and Birnbom (1975) developed a rating scale that they believe predicts the need for institutional care. Recently, Berger (1980) introduced an approach for quickly classifying the severity of senility. Other possible screening tools are introduced in the general compendium of assessments (discussed immediately below). Aside from physiological indicators, however, the sensitivity and specificity of available screening tools are largely unknown.

B. ASSESSMENT

Assessment is a topical theme in the literature, reflecting the importance of case management and multidimensional assessment as service adjuncts and the growing emphasis on evaluating programs by considering client-centered outcomes. Mangen and Petersen (in press) have compiled an imposing compendium of measures for research in aging. This work is an outgrowth of an AoA-funded "Instrument Bank in Aging"; as part of the project, a large number of authors compiled instruments on selected topics and subjected each measure to an analysis according to specified

topics. Also forthcoming is a monograph by Kane and Kane, which concentrates particularly on instruments for clinical and research purposes in long term care; this resource provides a rationale for the choice of instruments, depending on the purpose (screening, monitoring, predicting, research and comprehensive assessment), and emphasizes practical issues in long term care assessment, including choice of respondent, time windows for data collection, and special problems of achieving reliability and validity with elderly respondents.

There are already some helpful reviews of categories of instruments in the literature. Raskin and Jarvik (1979) have compiled a resource on measurement of cognitive and emotional functioning in the elderly. Bloom (1975) discusses and reviews instruments up to that date. Sherwood and her colleagues (1977) assembled a guide to instruments for measuring long term care and provide information about the reliability of these tools from their own testing. Lawton (1972) has correlated a large number of indices of health in the elderly, showing how they were related in a particular sample. Several useful overviews are available for measurement of morale in the elderly (Nydeggar, 1977; Larsen, 1978; Lohman, 1977). Nydegger's is a slim edited volume with some useful discussion of morale as a concept. Larsen provides summary tables showing how subjective well-being, variously measured, is correlated with health, income, socioeconomic status, activity levels, and age. Lohman (1977) has applied ten morale measures to the same population and studied their correlations.

Multidimensional assessment techniques have proliferated, with each program tending to spawn its own. A few approaches should be especially noted because considerable experience is available with their use. The OARS methodology (Duke University, 1978) is perhaps the best established self-report method for assessment of the elderly, yielding information in five domains: physical function; mental function; economic function; social function; and ability to perform activities of daily living. The manual containing the instrument, available for purchase from Duke University, also contains authored papers about its construction and behavior. Another multidimensional approach is the CARE instrument developed by Gurland and his colleagues (1977) for use in cross-national studies. The CARE approach is heavily influenced by mental health precepts; current work in scaling promises to identify measures to screen for dementia and depression in the elderly. A different approach to measurement is the PACE system (U.S. DHEW, HCFA, 1978), which is actually a systematic recording and classification system rather than a scaling system capable of generating a score. The PACE system was developed to provide a backdrop for high quality care planning in long term care facilities (Abdellah, 1978). It is derived from the Patient Classification Form developed at Harvard (Jones, McNitt, and McKnight, 1974).

C. CARE PLANNING

Perhaps the most advanced work in the direction of using the assessment systematically to generate a care plan is being done at Michigan State University (Falcone, 1978; 1979); the Long Term Care Information System, developed from an assessment system similar to the Patient Classification form, uses decision-making algorithms to assign service needs. Other efforts to gauge need for service include the concept of "personal time dependency" developed by the Community Council of Greater New York (1978) and, from Britain, Isaacs' formula for measuring the intervals between need for assistance and the intervals of solitude that the client experiences to determine the amount of assistance needed (Isaacs and Neville, 1975). The ultimate care plan reflects the values and preferences of either the client, the client's family, the case manager, or some combination of these. More work and discussion is needed in the area of value preferences and how to decide whose values should be incorporated into care plans. Substantial research is available to suggest that perceived choice and control among the elderly is related to morbidity and even mortality, thus making client control an even more important issue. Among those who have studied perceived control and helplessness in the aged are Ferrari (1962), Schulz and Brenner (1977), Schulz (1976), Langer and Rodin (1976), and Mercer and Kane (1979). In January 1979, a conference attended by front-line case managers from 12 programs explored the practice of case management. The proceedings contain a digest of the discussion on how to move from assessment to plan (Carter, et al, 1979). Particularly useful is a section on goal formulation, integration of clients' goals into the plan, and the negotiating process around goals. This document raises many as yet unresolved questions about case management, some of which are amenable to empirical examination.

D. SERVICE DELIVERY

The implementation side of case management is often an exercise in frustration. Like a maze of roads that converge in a traffic jam at one intersection, elaborate and detailed individualized assessments may result in a small number of similar plans because of the paucity of service options available in a particular community. Then, too, information about the efficacy of any one component of the long term care system that would guide the case manager in making referrals of certain types of clients to particular kinds of care is spotty at best.

Digests enumerating the components of the service system are available. One informative resource is the Chartbook of Federal Programs on Aging (Schecter, 1980). In addition, Holmes and Holmes (1979) have edited a handbook of programs for the aged as they related to State and Area

Agencies on Aging; the handbook is organized under eight headings: information and referral; multipurpose senior centers; homemakers and home health services; daycare; and nursing home advocacy. Each chapter lays out the entitlements and programs and their varying auspices; each chapter also contains an annotated bibliography. Tobin (1978) provides a review of social and health programs for the aged with particular emphasis on the evidence of the efficacy of the service under particular conditions. (See also Tobin, Davidson, and Sack, 1976).

Some components of the delivery system have received more attention than others. It is easier, for example, to locate resources dealing with nursing home care, home health, and daycare than those dealing with the meals-on-wheels programs, respite services, and chore services. Housing and congregate shelter is an extremely important aspect of long term care that has recently come under study in the United States. Sometimes Centers will need to extrapolate information about a particular service component (e.g., chore service or respite care) from data about more comprehensive waiver programs that included them in the benefit package.

For nursing home care, we have already cited resources that take a systemic approach (see, for example, Vladeck, 1980). Brody (1977) has prepared a useful guide to the role of social service in nursing homes, emphasizing preadmission evaluations and discharge planning as well as programs and services for residents. Many small-scale studies have been done to examine the effects of programmatic changes in nursing homes; they are too numerous to cite here, even when reduced to the smaller number that boast at least quasi-experimental designs. The reviewer is faced with the bewildering finding that almost any intervention is reported to make a difference. One can attribute this to the propensity for positive results to be reported or to the Hawthorne effect among a neglected group. Most such studies have small numbers and are not replicated.

Less information is available about personal care facilities and residential homes. The literature does not contain descriptions of multilevel facilities, usually written by advocates of the flexibility that such "geriatric centers" offer for integrated services (see, for example, Liebowitz and Brody, 1975; Woods, 1978). Housing issues have received considerable attention (Carp, 1978; Sherwood, Greer, and Morris, 1979; Brody, 1978; Urban Systems, 1980; U.S. DHEW, HUD, 1979; Lawton, 1980). Day hospital and daycare, the subject of another bibliography in this series, is described by Brocklehurst (1970), Bagnall (1974), and Weiler and McCuan (1978). Home health programs are analyzed in an entire issue of the Home Health Care Service Quarterly (Trager, 1980); the state of the art is considered under the topics of coordination, service definitions, financing, population selection in Federal programs, capacity building, and options for change. Homemaker/home health aide services are described in an AoA occasional

paper (U.S. DHEW, AoA, 1977b). (See also a 1977 report to Congress on home health, U.S. General Accounting Office, 1977a). Transportation for the elderly is discussed by Bell and Revis (1978) and in an AoA report (U.S. DHEW, AoA, 1977a), as well as one from the Department of Transportation (1978). Finally, in Tobin's previously cited review (1978), he discusses studies of nutrition centers and illustrates the importance of the target group when evaluating programs.

In addition to the previously cited work of Blenkner, Bloom, and Nielsen (1971) on protective services for the elderly, Centers may be interested in a similar British study (Goldberg, 1970). The latter was able to show that the addition of more intensive social services had a positive impact on clients and did not result in the increasing dependency associated with protective services in a former study. One can speculate that the availability of a range of home-based services accounts for that distinction.

In the area of mental health services, a convenient and imposing starting place is the Handbook of Mental Health And Aging (Birren and Sloan, 1980). In particular, one might refer to the chapter by Lowy on "Mental Health Services in the Community" and one by Sherwood and Mor on "Mental Health Institutions and the Elderly".

Health services are also part of any coordinated delivery system. The geriatric assessment unit in the acute hospital shows promise of providing a point of entry for reassessing dischargeable patients destined for nursing home placement. Early results suggest that assessment and active rehabilitation may avoid institutionalization (Checkryn and Roos, 1979; Reed and Gesner, 1979; Cheah, Baldridge, and Beard, 1979). Hospice care for terminal phases of illness is a service that has usually been considered apart from long term care (Cohen, 1979). A Rand Corporation study of medical manpower needs presents data on the quality and quantity of physician services received by the elderly (Kane et al, 1980a,b). The National Institutes of Health have recently compiled a guide to medical self-care and self-help groups for the elderly (U.S.DHEW, PHS, 1979). Kosberg, Shapiro, and Thoms (1978) describe a demonstration project in medical foster care. Oktay and Volland (1979) also describe a demonstration of foster care as an alternative for nursing home placement among hospital patients; the latter report that foster care was difficult to market as an option. Sherwood and her colleagues (1980) have shown that an emergency alert system (Lifeline) can dramatically reduce demand for care. Non-traditional approaches to care with emphasis on self-care and peer support are under active development (Sergeant, 1980).

E. MONITORING/REASSESSMENT

Under this category, we would place resources that describe and discuss management information systems for long term care. In this area, few established guidelines are available for those deciding how often and when to collect additional information and how to analyze and use such information. The Rand report on PSRO Long Term Care review contains a section that discusses the difficulties in developing a practical management information system (Kane et al, 1979). Falcone's previously cited work (1978; 1979) is also relevant. An older but landmark resource is the report of the conference on long term care health data, held in Tucson in 1975 (Murnaghan, 1976), which brought together the Minimum Data Set for Long Term Care recommended by the National Center for Health Statistics, contributed papers on data requirements and methodological issues, and accounts of a number of state-wide or regional data systems.

F. CONCLUSION

In summary, the state of knowledge about long term care delivery suggests that the Centers, in their roles of technical assistant, educator, and evaluator, face many unanswered questions about service delivery. In addition to exploring some of the written resources suggested here, the Centers will wish to be in contact with those responsible for work-in-progress in areas related to their own interests. The following bibliography includes a list of "living resources" to provide this kind of dynamic information as it evolves.

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MODELS FOR SERVICE DELIVERY FOR LONG TERM CARE

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This paper outlines the critical health and social factors that affect long term care and their policy implications. Based on an analysis of data from the 1976 and 1977 National Health Interview Survey of the non-institutionalized population, health status of the aged, social factors affecting need, marital status and living arrangements are all examined in detail. For copies contact Judy Meltzer (Phone 312/753-4653).

Callahan, J.J. "Delivery of Services to Persons With Long-Term Care Needs." Paper presented at the Administration on Aging Symposium on Long Term Care Policy, Williamsburg, Virginia, June 11-13, 1980. (Draft paper to be published.)

This paper focuses on establishing a framework for policy decisions regarding the improvement of service delivery systems of long term care. A historical review of the present system of care, its successes and failures, as well as a problem definition, goals, patient needs and service problems are addressed to support the framework identified. For copies contact Judy Meltzer (Phone 312-753-4653).

Callahan, J.J. and Wallack, S.S., eds. Reforming the Long-Term Care System: Financial and Organizational Options. Lexington, Mass.: Lexington Books, 1980 (in press)

This book examines the current issues affecting long term care policies, highlighting the effects of demographic, economic and social trends. Works contributed by experts in the field offer

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This document provides a review of 25 HEW sponsored research projects on alternatives for long term care of the aged, including their findings. Project summaries with background information as well as analytic critiques are provided. Available through Project Share, P.O. Box 2309, Rockville, Md. 20852 (Phone 301/ 251-5170).

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Dellinger, D.C. "Basic Elements of Policy Analysis and Program Development: An Operations Research Perspective." In Planning Services for Older People: Translating National Objectives into Effective Programs. pp. 11-19. Edited by G.L. Maddox and R.B. Karasik. Durham, North Carolina: Duke University Center for the Study of Aging and Human Development, 1976.

This article highlights decision-making involved in the planning of integrated services for the elderly, making a distinction between three different levels of planning. Decision-making problems are viewed within an operations research context. The OARS project and planning in the United Kingdom are highlighted.

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This article focuses on the patient classification for long term care, a system reflecting the collaborative research efforts of four groups. The system designed to provide a classification system for individual patient care as well as for epidemiological research and resource allocation is examined in terms of design criteria and uses. Specific reference is made to its role in monitoring the quality of care, long term care policy-making and education/training.

Dunlop, B. "Need for and Utilization of Long-Term Care Among the Elderly." Journal of Chronic Disease 29 (1976): 75-87.

This paper focuses on long term care utilization in the United States. It includes a review of current efforts being undertaken in the area as well as their advantages and disadvantages. Specific attention is given to the determinants of nursing home utilization and policy analysis.

Dunlop, B.D. The Growth of Nursing Home Care. Lexington, Mass.: Lexington Books, 1979.

This book provides an overview of nursing home needs nationwide. Sociodemographic and institutional changes, expanding involvement with public subsidy and regulation, as well as the effects of Medicaid and Medicare are traced and analyzed by the author. Policy implications and projections are discussed.

Eggert, G.M.; Bowlyow, J.E.; and Nichols, C.W. "Gaining Control of the Long Term Care System: First Returns from the ACCESS Experiment." The Gerontologist 20 (June 1980): 356-363.

This article summarizes the evaluation data collected by the ACCESS demonstration project, a federally funded long term care model in Monroe County, New York. An overview of issues in the delivery of long term care, a description of the manner in which both organizational and operational aspects of their program address these issues, and a presentation of data collected are used to document their record of success.

Eggert, G.M.; Granger, C.V.; Morris, R. and Pendleton, S.F. "Caring for the Patient with Long-Term Disability." Geriatrics 32 (October 1977): 102-114.

This presentation summarizes the results of a study in discharge and post-hospital planning for elderly disabled patients who had completed an intensive rehabilitation program. The study, a collaborative effort of the Tufts-New England Medical Research and Training Center No. 7 and the Levinson Gerontological Policy Institute of The Florence Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University, used the Barthel index and PULSES profile scores to assess the functional status of patients and capacity of families to provide care and to determine where patients should go after discharge.

Fillenbaum, G. and Smyer, M. "Reliability and Validity of the ARS Multidimensional Functinal Assessment Questionnaire." Journal of Gerontology, (in press, 1980).

The Older Americans Resources and Services (OARS), a Multidimensional Functional Assessment Questionnaire, is a major element in the OARS model and has achieved widespread use. This paper contains the first set of information regarding the validity and reliability of the OMFAQ.

Gallagher, D.E.; Thompson, L.W.; and Levy, S.M. "Clinical Assessment of Older Adults." In Aging in the 1980's: Psychological Issues. Edited by L. Poon. Washington, D.C.: American Psychological Association, 1980.

This chapter provides a comprehensive, critical overview of assessment procedures used with the elderly in the past and points to new directions for the field in the future. Advocating functional analysis of the person in an environmental framework, the authors detail what, when and how to perform clinical assessment. Book available from the American Psychological Association's Publication Department for $19.50.

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This article presents a model for a diagnostic multifunctional assessment of the elderly which uses an interdisciplinary approach. The article discusses the assessment process from planning to treatment, highlighting the conducting of an assessment and the integration of the findings in patient care.

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This paper presents an index for estimating service need for functionally disabled noninstitutionalized persons within an epidemiological context. The index measures social and health indicators, community needs and resources, as well as citizen and consumer input. An illustration of the index and its application in a Californian population are provided.

Gottesman, L.E.; Ishizaki, B.; and MacBride, S.M. "Service Management-Plan and Concept in Pennsylvania." The Gerontologist 19 (1979): 379-388.

This paper reports the original conceptualization and program implementation of service management in Pennsylvania's area agencies on aging, with special mention of the Philadelphia Geriatric Center's role in the process. A conceptual and structural overview of the service management system is provided.

Greenberg, J.; Doth, D.; Johnson, A.; and Austin, C. "A Comparative Evaluation of Long-Term Care Demonstration Projects: Lessons for Future Inquiry." Will be through Project Share, P.O. Box 2309, Rockville, MD 20852. (Phone 301/251-5170).

This overview and analysis of findings from nine demonstration projects includes a survey of major long term care service delivery issues, an analysis of case management model components and problems, and a set of recommendations for development, implementation and monitoring of further projects. The projects covered are: Alternative Health Services (Atlanta), Alternatives to Institutionalization (Massachusetts), Community-Based Care Systems (Washington State), Community Care Organization (Wisconsin), Highland Heights (Massachusetts), Monroe County (New York), On Lok, (San Francisco), Triage (Connecticut), and National 222's.

Gurland, B.; Copeland, J.; Sharpe, L.; Kellecher, M.; Kuriansky, J.; and Simon, R. "Assessment of the Older Person in the Community." International Journal of Aging and Human Development 8 (1977-1978): 1-8.

This article describes the major characteristics and progress of the Cross-National Geriatric Community Study being conducted by the United States-United Kingdom Cross-National Project. The assessment techniques used in the project are focused on the clinical examination of the older ambulatory patient in an attempt to detect the need for health and social services and to make the appropriate referrals.

Gurland, B.; Kuriansky, J.; Sharpe, L.; Simon, R.; Stiller, P.; and Birkett, P. "The Comprehensive Assessment and Referral Evaluation (CARE)--Rationale, Development and Reliability. International Journal of Aging and Human Development 8 (1977-1978): 9-42.

This article describes the major characteristics of the Comprehensive Assessment and Referral Evaluation (CARE) and provides an overview of its rationale and development, reliability and validity. Current work to standardize the CARE data, on random samples in New York, and London, is highlighted. The training necessary for proper administration of the technique as well as an analysis of current and potential uses is provided.

Guttman, D., ed. The Impact of Needs, Knowledge, Ability and Living Arrangements on Decision-Making of the Elderly. Washington, D.C.: National Catholic School of Social Services, Catholic University, 1977.

This paper presents the findings of a research task aimed at the "exploration of new and heretofore uncovered aspects of the elderly's decision-making." The variables of needs, the elderly person's knowledge of use and satisfaction with available resources, the individual's involvement in the decision-making process, as well as the impact of living arrangements, were researched in an effort to find their effects on the decision-making process of the elderly. The study team engaged in literature searching as well as primary research to find the answers to these questions. Copies available at The Center on the Study of Pre-Retirement and Aging, Catholic University of America, Washington, D.C. for $5.00.

Hainline, D. and Lindsey, M. "An Analysis of Aging Services Networks in Six Cities." Paper presented at the Annual Meeting of the Gerontological Society, Dallas, Texas, November 16-21, 1978.

This paper presents the methodology and results of an investigation of the factors associated with agency participation in agency services networks, with a focus on area agencies on aging. Background information provided on the structural

characteristics of agencies as well as the values associated with interagency cooperation offer a framework for data interpretation. The authors present a model for coordinated service systems that can be implemented by the AAA's. Paper available from the Institute on Aging, Portland State University, P.O. Box 751, Portland, Oregon 97207. Price $1.00.

Hardy, R.E. and Cull, J.G., eds. Organization and Administration of Service Programs for the Older American. Springfield, Ill.: Charles C. Thomas & Co., 1975.

This book provides an overview of the development of aging service programs with a focus on easing the isolation of the elderly as well as counseling the elderly. Case studies highlighting the organization and administration of Senior Service Centers are presented, which provide a representative sample both geographically and in program complexity.

Harman, M.S. and Wolf, P. The Long Beach Senior Continuum of Care: Evaluation Study, The First Year - July 1979. Long Beach: City of Long Beach, Division of Senior Affairs, 1979

This report evaluates the Long Beach Senior Continuum of Care's in-home supportive services effectiveness in maintaining elderly persons in the community at a level of independent living. The paper discusses the components of the continuum of care which include in-home supportive services, assessment, case management and service provision. Issues concerning the continuum of care are identified.

Havens, B. and Mossey, J. "Health Care Use Behaviors Among the Elderly." Paper presented at the 32nd Annual Meeting of the Gerontological Society, November 26, 1979, Washington, D.C.

This paper reports the findings of a study which traced the complete health care use behaviors of community dwelling and institutional residents over age 65 in Manitoba, Canada from 1970-1977. The study identified consistent patterns of behavior and the effects of sociological, psychological and environmentl variables on need determination and service utilization. Paper available from Daniel S. Rogers, NIA, Gerontology Resource Center, Baltimore City Hospital, 4940 Eastern Avenue, Baltimore, MD 21224.

Hodgson, J.H. and Quinn, J.L. "The Impact of the Triage Health Care Delivery System Upon Client Morale, Independent Living and the Cost of Care." The Gerontologist 20 (June 1980): 364-370.

This article summarizes the effects of the Triage Project, a single-entry demonstration model begun in 1974 in central Connecticut. The article traces the legislative and planning background of the project, provides an overview of the service area and client characteristics, and highlights the project's outcomes. An analysis of the implications and recommendations for implementing the model on a larger scale are provided.

Holmes, M. and Holmes, D., eds. Handbook of Human Services for Older Persons. New York: Human Sciences Press, 1979.

This book provides a comprehensive overview of alternative services to institutional care, among which information and referral, multipurpose senior centers and employment are included. Each service is discussed with special attention drawn to its significance to the elderly, the associated bureauracy and legislation, the components, and the models for its delivery. Annotated bibliographies accompany each service description.

Holmes, D.; Holmes, M.; Steinbach, L.; Hausner, T.; and Rocheleau, B. "The Use of Community-Based Services in Long-Term Care by Older Minority Persons." The Gerontologist 19 (1979): 389-397.

This paper highlights primary research findings of utilization patterns of community long term care service by minority elderly populations and the major issues affecting utilization patterns. Characteristics of the research design are detailed. Special attention is drawn to biases in the sample.

Horowitz, G.; Maher, J.; and Zwiebel, S. "The Social/Health Assessment of Older Adults in a Medical Setting." Paper presented at the 31st Annual Scientific meeting of the Gerontological Society, Dallas, 1978.

This paper presents the findings of a project to develop and test a social/health assessment instrument, which includes material from OARS, the New York City Department of Aging's Mentally Frail Study, Goldfarb Mental Status Questionnaire, the Langer Item Scale, the Townsend Scale and the Vulnerability Index. Paper available from Daniel S. Rogers, NIA Gerontology Research Center, Baltimore City Hospital, 4940 Eastern Ave., Baltimore, MD 21224.

Ingman,S.R.; McDonald, C.A.; and Lusky, R. "An Alternate Model in Geriatric Care." Journal of the American Geriatrics Society 27 (1979): 279-283.

This article describes the experience of one comprehensive geriatric care system's development. The organizational

structure, admission and assessment procedures and services are highlighted. An analysis of the case points to the need for improvement in medical director leadership and knowledge of long term care as well as more community involvement and cooperation between lay persons and professionals on the board of directors.

Ishizaki, B.; Gottesman, L. and MacBride, S.M. "Determinants of Model Choice for Service Management Systems." The Gerontologist 19 (1979): 385-388.

This article discusses the two models for service management developed for Pennsylvania's 48 Area Agencies on Aging, Central Intake and Multiple Access within a continuum of service delivery and control. A comparative analysis of the two models as well as the advantages and disadvantages of both are provided. The variables and rationale for the selection of the set of determinants for determining the appropriateness of employing each model are presented.

Jacobson, S.G. "Development of an Assessment Instrument to Match Individual Needs with Local Service Resources." Remarks presented at the 28th Annual Scientific Meeting of the Gerontological Society, Louisville, Kentucky, October 29, 1975.

This paper summarizes the rationale and development process of a needs assessment instrument focused on matching the individual to needed social services. The major sections of the questionnaire component of the model are delineated and future implications of the tool's impact are discussed. Copies available from the author at the Institute for the Study of Human Systems, 301 Clark Building, Wild Lake Village Green, Columbia, Maryland 21044.

Jacobson, S.G. "Targeting Community-Based Services for the Elderly According to Functional Impairments." Paper presented at the 107th Annual Meeting of the American Public Health Association, New York, November 4-8, 1979.

This paper represents the results of an AoA study devoted to dependence among the elderly. The definition, measures of dependence, prevalence and variables affecting dependency were developed in the paper. Based on study findings, future directions for policy and research were made. Copies available from the author at the Institute for the Study of Human Systems, 301 Clark Building, Wild Lake Village Green, Columbia, Maryland 21044.

Kahana, E. and Coe, R.M. "Alternatives in Long-Term Care." In Long-Term Care: A Handbook for Researchers, Planners and Providers. Edited by S. Sherwood. New York: Spectrum Publications, 1975.

This chapter discusses alternative approaches to long term care, raising the issues relevant to the community as well as to the client. The system of existing alternatives is examined within a

continuum of care community-based services approach. Recommendations for further research are included.

Kahana, E.; Felton, B.; and Fairchild, T. "Community Services and Facilities Planning." In Community Planning for an Aging Society. Edited by M.P. Lawton, R.J. Newcomer and T.O. Byerts. Stroudsburg, Pa.: Dowden, Hutchinson and Ross, Inc., 1976.

This presentation of the issues related to the planning and delivery of services to the elderly highlights the factors affecting service needs, utilization and effectiveness. Research findings that pertain to these areas, including service need assessment and cost effectiveness, are provided. In addition, formal and informal social support systems are discussed, with an emphasis on community services and alternative strategies.

Kahn, R.L.; Goldfarb, A.F.; Pollack, M.; and Peck, A. "Brief Objective Measures for the Determination of Mental Status in the Aged." American Journal of Psychiatry 117 (1960): 326-328.

This article presents the results of a study using the Mental Health Status questionnaire and a face-hand test as measures to assess mental functioning in relation to physical impairment. Analysis of procedures and study results is presented with special attention to the validity of each measure. A discussion indicating the role each measure will play in the future is provided.

Kahn, R. and Miller, N. "Assessment of Altered Brain Function in the Aging." In The Clinical Psychology of Aging. Edited by M. F. Elias, I.C. Siegler and M. Storandt. New York: Plenum Press, 1978.

This chapter raises some of the clinical issues involved in assessment of the presence and severity of altered brain function. Specific mention is made of the behavioral parameters of measurement, validity and reliability of measurements, the circumstances under which clinical examination takes place and universal problems in differential diagnosis. An overview of current evaluation procedures is provided as well as recommendations for clinically useful measures.

Kamerman, Sheila B. "Community Services for the Aged: The View from Eight Countries." The Gerontologist 16 (1976): 529-537.

This report summarizes a cross-national study of social service systems. The study indicates that a need exists for a strong network of basic social services for the elderly in order to establish an adequate system. The study also revealed the trend toward "personal social services" which is gaining international prominence.

Kane, R.L. and Kane, R.A. Long-Term Care in Six Countries: Implications for the United States. Fogarty International Center Proceedings No. 33, Washington: John E. Fogarty International Center for Advanced Study in the Health Sciences, 1976.

This monograph provides a comparative analysis of the long term care systems of Norway, Sweden, The Netherlands, England, Scotland, and Israel and focuses on the lessons the United States can gain from each system. In each case the system is described as completely as possible, and includes demographic data, utilization data, and descriptions of actual facilities. The authors highlight the danger of responsibility for long term care being divided between social service and health authorities; the challenge of rising costs; and the everpresent question of integration or segregation of the disoriented patient. This book will soon be reissued by the Fogarty Center.

Kaplan, J. "Appraising the Traditional Organizational Basis of Providing Gerontological Services." The Gerontologist 7 (1967): 200-203,224.

In this article, Kaplan addresses problems in social service delivery to the aged. He identified problems in the system stemming from economic, vocational, social and psychological issues, highlighting the weakness in problem assessment and resource availability as the system's major deficiency. Advocating a system of organizations in which service needs would be matched to client's preferences, Kaplan's work is important for providing instruments used in patient needs assessment and resource availability on which to base this system.

Katz, S. and Akpom, C.A. "A Measure of Primary Sociobiological Functions," International Journal of Health Services 6 (November 3, 1976): 493-508.

This overview of the Index of Activities of Daily Living (Index of ADL) describes the rationale and development of the Index, a sample of the Index and its measures. A review of the applications of the index is given which focuses on the measure's objectivity and validity.

Katz, S.; Downs, T.D.; Cash, H.R. and Grutz, R.C. "Progress in Development of the Index of ADL." The Gerontologist 10 (Spring 1970, Pt. 1): 20-30.

This paper provides an update of the development of ADL. A descriptive overview of the index highlighting its characteristics, applications and success is accompanied by a theoretical discussion.

Kistin, H. and Morris, R. "Alternatives to Institutional Care for the Elderly and Disabled." The Gerontologist 12 (Summer 1972, Part 1): 139-142.

This article describes the rationale and identifies the major issues underlying the Personal Care Organization demonstration project undertaken by the Massachussetts Department of Welfare and the Levinson Gerontological Institute. The role of the Levinson Gerontological Institute is examined as well as the potential impact of the project on costs and service delivery.

Knowelden, J. "Information for Community Planning and Coordination of Long-Term Care Services." Medical Care 14 (May 1976): 78-84.

This paper highlights the issues germane to the collection of information needed to plan and coordinate the services of a community. Basic principles of data collection are outlined and the basic elements of a data set for long term care are delineated. The major categories are: patient identification, description of the illness, major caring agencies, inter-agency transfers and the time it takes for transfers and service utilization patterns.

Krause, D.H. "Integration of Components of Health and Social Services." In Care of the Elderly. Edited by A.N. Exton-Smith and J.G. Evans. London: Academic Press, 1977.

The article gives an overview of the planning process involved in developing the Minneapolis Age and Opportunity Center, Inc. (MAO), highlighting obstacles to implementing an integrated system of care to the elderly. MAO's organizational structure, services and management functions are also detailed.

Kutza, E.A. "Allocating Long-Term Care Services: The Policy Puzzle of Who Should be Served." Paper presented at the Administration on Aging Symposium on Long-Term Care Policy, Williamsburg, Virginia, June 11-13, 1980, (Draft paper to be published).

This paper focuses on need and demand for long term care services and allocation of available resources from client and provider perspectives. A descriptive overview of the aged population with special attention to their needs is provided in addition to a critical review of functional assessment instruments. Demographic and social trends that affect demand and utilization are also discussed, with an emphasis on the role of the formal and informal support systems. For copies contact Judy Meltzer (Phone 312/ 753-4653).

Lancourt, J.E. Confront or Concede: The Alinsky Citizen-Action Organizations, Lexington, Mass.: Lexington Books, 1979.

This book represents research findings for a National Institute of Mental Health project undertaken to improve the knowledge of and efforts for citizen activated change in the health system structure. The book examines 8 organizations initiated by Saul Alinsky and noted as systematic models of the citizen-action mode of change. The case studies were selected for their suitability to research as well as a particular analytic framework provided by NIMH. A theoretical discussion of the issues emerging from this discussion highlights goals and ideology, organizational structure, funding patterns and leadership.

LaVor, J. "Long Term Care and Home Health Care: A Challenge to Service Systems." Home Health Care Services Quarterly 1 (Spring 1979): 19-75.

This article presents the need to reevaluate and reorganize the system of human services to the elderly in an effort to improve the quality of care. This argument is supported by an overview of the organization and delivery of services which focuses on the gaps that exist between the multifaceted needs of the elderly person and the complexity of the delivery system.

Lawton, M.P. "Assessing the Competence of Older People." In Research, Planning and Action for the Elderly. Edited by D. Kent, R. Kastenbaun and S. Sherwood. New York: Behavioral Publications, 1972.

This paper approaches the concept of assessing the "competence" of older people from both theoretical and practical perspectives. The components of a model set of competency measures are presented and defined, indicating that competence can be assessed at a range of levels of human function which differ as a result of variations in the demands made by behavior at each level of functioning.

Lawton, M.P. "Assessment, Integration, and Environments for Older People." The Gerontologist 10 (Spring 1970: Pt. 1): 38-46.

This article describes a system to assess levels of personal and social function in an effort to match patient needs and capacities with residence selection. Many of the issues related to integration and/or segregation of the elderly are raised by a review of the literature in the field.

Lawton, M.P. "Institutions and Alternatives for Older People." Health and Social Work 3 (May 1978): 109-130.

This article presents an overview of the continuum of care focusing on alternatives to institutional care. The author offers evidence of current problems in institutions by exploring issues which have a bearing on the viability of alternatives, such as personal preferences of the older person, and the quality and quantity of the care available in the community and institution, supporting the contention that problems exist is provided.

Lawton, M.P. and Brody, E.M. "Assessment of Older People: Self Maintaining and Instrumental Activities of Daily Living." The Gerontologist 9 (1969, Pt. 1): 179-186.

This article describes the behaviors measured in the Physical Self-Maintenance Scale and the Instrumental Activities of Daily Living Scale. The effectiveness of these scales in achieving early, brief, objective measurement enabling effective treatment of the individual from assessment to evaluation is emphasized with attention to specific cases in which scales were extremely valuable. The authors point out new and important uses of the scales.

Lawton, M.P.; Whelihan, W.M. and Belsky, J.K. "Personality Tests and Their Use With Older Adults." In Handbook of Mental Health and Aging. Edited by J.E. Birren and R.B. Sloane. Englewood Cliffs, NJ: Prentice-Hall, 1980.

This chapter provides a critical overview of the literature on personality testing in the aged through a discussion of specific studies and tests that have been undertaken. The authors point to the problems of reliability and validity as the underlying drawback in this area of research and point to a need for further research in this field.

Leering, C. "A Structural Model of Functional Capacity in the Aged." Journal of the American Geriatrics Society 27 (1979): 314-316.

This article presents a theoretical framework for functional capacity assessment in the aged. The model as described in the article has the following components: household activities, mobility activities of daily living and the function of the automatic nervous system.

Lefton, E. and Lefton, M. "Health Care and Treatment for the Chronically Ill: Toward a Conceptual Framework. Journal of Chronic Diseases 32 (1979): 339-344.

This paper presents a conceptual model of care for the treatment of the chronically ill. The recognition of social and economic needs in addition to patient medical needs constitutes the conceptual and organizational basis of this model.

Leonard, L.E. and Kelly, A.M. "The Development of a Community-Based Program for Evaluating The Impaired Older Adult." The Gerontologist 15 (April 1975): 114-18.

This paper reports the characteristics and results of an evaluation service which assessed the mentally impaired elderly in their own homes. The results indicate that several issues need to be addressed for improving the maintenance and support of the elderly in their own environment. Rights to decision-making as well as the need for professionals to understand the environmental and life cycle variables affecting the aged are among those pointed to as integral steps in making this improvement.

Levenson, L.M. "Continuing Evolution of the Massachusetts Home Care System Model." A paper presented at the 30th Annual Scientific Meeting of the Gerontological Society, San Francisco, California, November 18-22, 1977.

This paper discusses the major structural and organizational changes that took place as a result of the first five years' experience with the Massachusetts home care model of services to the elderly. Special mention is made to the role of funding in the evolution of this model. Copies available from Daniel S. Rogers, NIA, Gerontology Research Center, Baltimore City Hospital, 4940 Eastern Avenue, Baltimore, Maryland 21224.

Liebowitz, B. and Brody, E.M. "The Philadelphia Geriatric Center: Many Options to Meet Many Needs." Hospitals 49 (October 16, 1975): 101-106.

This article provides a historical review of the Philadelphia Geriatric Center's development. Special attention is drawn to the services provided at PGC, especially the integration of research and practice.

Linn, M. "Studies in Rating the Physical, Mental and Social Dysfunction of the Chronically Ill Aged." Medical Care 14 (May 1976): 119-125.

This article supports the need for integration of physical, mental and social aspects of aging in assessment of the total functioning of an individual. The author critically reviews past efforts to develop an index capable of measuring all three components as well

as the obstacles to this process. Research design and measurement are two areas that were noted as the major barriers to success in this area.

Lohmann, N. "Correlations of Life Satisfaction, Morale and Adjustment Measures.: Journal of Gerontology 32 (1977): 73-75.

This paper describes the process and results of a study to test measures that have been correlated with life satisfaction, morale and adjustment among the aged. A discussion of drawbacks in the study accompanies the presentation of findings in an effort to account for biases and misinterpretation.

Lowy, L. and Helphand, M. "Matching Community Resources and Patient Needs." In Long-Term Care: A Handbook for Researchers, Planners and Providers. Edited by S. Sherwood. New York: Spectrum Publications, 1975.

This chapter provides a state-of-the-art review of the issue of matching community resources for long term care and elderly patients' needs. The framework for analysis is the issues underlying a continuum of care, which involve identification of client need and willingness to accept help, diagnosis of needs and utilization of services.

Mangen, D.A. and Peterson, W.A., eds. Research Instruments in Social Gerontology. Minneapolis: University of Minnesota Press, 1981

This three volume set represents the culmination of an AoA sponsored project undertaken by the Midwest Council for Social Research in Aging. The aim of the handbook is to alleviate the fragmentation of knowledge in the field of evaluation and measurement instruments with the aging through a comprehensive overview and evaluation of current measurement tools and practices. The editors developed a conceptual structure to guide the collection as well as the standards against which instruments could be evaluated, helping to shape the mass of literature ranging from individual functional assessment to program evaluation. The book will be available through the University of Minnesota Press, 2037 University Avenue, S.E., Minneapolis, Minnesota 55414 in mid-1981.

Metsch, J.M. "Long-Term Care Program Management - An Intersystem Approach." Journal of Long-Term Care Administration 4 (Winter 1976): 20-26.

This article offers support for the integration of the inter-system model (a specific subset of systems concepts), and program management in the planning and management of a comprehensive health care program in the long term care institution.

Miller, D.B. "The Maturation of Long-Term Care." The Journal of Long Term Administration 7 (Spring 1979): 1-23.

This article presents an overview of past and future trends in the structure of the long term care system. Models for the future are viewed within a framework which allows for different trends in the makeup of the long term care population, families of the programs, services, staff, facilities, costs and financing, and the community.

Minneapolis Age and Opportunity Center, Inc. "Nothing Happens Unless First A Dream." Minneapolis: Minneapolis Age and Opportunity Center, Inc., 1977.

This pamphlet describes the purpose and services provided by the Minneapolis Age and Opportunity Center, Inc. Available from MAO, 1801 Nicollet Avenue, South, Minneapolis, Minnesota 55403.

Mitchell, J.B. "Patient Outcomes in Alternative Long-Term Care Settings." Medical Care 16 (June 1978): 439-452.

This paper reports the result of a study designed to measure the impact on health status of the alternative long term care settings in the Veterans Administration. Study design and findings are highlighted with special attention drawn to the Functional Status Index. Analysis of study impact on policy implications is included.

Morris, J. and Sherwood, S. "A Retesting and Modification of the Philadelphia Geriatric Center Morale Scale." Journal of Gerontology 30 (1975): 77-84.

This paper focuses on attempts to create a more internally reliable Philadelphia Geriatric Morale Scale. Findings from principal component and Varimax factor analyses are reported, indicating internal reliability as well as presenting a format in which to restructure and further refine the Philadelphia Geriatric Scale.

Morrison, J.D. "Geriatric Preventive Health Maintenance." Journal of the American Geriatrics Society 28 (1980): 133-315.

This article defines preventive geriatric health care as the periodic and systematic assessment of the physical, mental and social status of the elderly person. It provides a review of the salient issues of geriatric health maintenance and points to a need for more data from the American ambulatory care setting to enhance the definition of a preventive approach to geriatric medicine.

Murakami, E.; Pellman, K. and Sterrett, J. "Service Inventory Analysis Techniques." In Planning for the Elderly: Alternative Community Analysis Techniques. Edited by V. Regnier. Los Angeles: Ethel Percy Andrus Gerontology Center, 1979.

This chapter describes the necessary background to create useful directories of service agencies that are directed at the elderly. The essential components of the directory and techniques in obtaining and compiling the data are included.

National Association of State Units on Aging and TSDI, Inc., "Aging Unit Information System Self-Audit Guide." Washington D.C.: National Association of State Units on Aging, 1979(a).

This manual outlines the process and necessary questions involved in tailoring an agency's information system to meet its needs. The guide also provides a self-assessment guide for any agency interested in determining the adequacy of its system and taking new directions with its system in the future. Copies available from NASUA, 1828 L Street, N.W., Suite 400, Washington, D.C. 20036.

National Association of State Units on Aging and TSDI, Inc. "Aging Unit Information Systems Baseline Data Report." Washington, D.C.: National Association of State Units on Aging, 1979(b).

This report details the client, services, provider and fiscal data collected by the State and Area Agencies on Aging. The data is presented in tables which indicate the frequency with which it is collected. Copies from NASUA, 1828 L Street, N.W., Suite 400, Washington, D.C. 20036.

National Association of State Units on Aging and TSDI, Inc. "A Report on High Utility Information Systems for State and Area Agencies on Aging." Washington, D.C.: National Association of State Units on Aging, January, 1980(c) (Draft).

This report describes systems and/or subsystems with the greatest potential for use by state and area agency units, and the criteria used in their selection among which include: low development, operational and maintenance costs; simplicity of design and operation; and shortness of time required for operationalizing the system. A description of each system is provided as well as a list of other systems that may interest State and Area Agencies. Copies available from NASUA, 1828 L Street, N.W., Suite 400, Washington, D.C. 20036.

National Association of State Units on Aging and TSDI, Inc. "National Position Paper on Information Requirement for Managing State and Area Agencies on Aging, Volumes I and II." Washington, D.C.: National Association of State Units on Aging, 1980(d) (Draft).

This position paper draws on a survey of State and Area Agency staff, in which major Agency functional activities and information needs were identified in an effort to improve national decision-making on record keeping and reporting mandates. The report also recommends strategies for easing record keeping and reporting burdens as well as the timeliness and accuracy of information regarding a unit's operations. Copies available from NASUA, 1828 L Street, N.W., Suite 400, Washington, D.C. 20036.

National Association of State Units on Aging and TSDI, Inc. "Survey Findings of Aging Unit Information Systems." Washington, D.C.: National Association of State Units on Aging 1980 (e).

This report describes the manual and a computerized information systems used to collect, process and report on client, service, provider and fiscal data of ten State Units on Aging and three Area Agencies on Aging. The report is organized into six areas containing a categorical overview of systems used by Aging Units, and the levels of information collected focusing on environmental characteristics; data collection with a comparative oveview of types of information and data collection forms ; reports produced and a description of their function; operational processes and the characteristics of computerized information systems. Copies are available from the National Association of State Units on Aging, 1828 L Street, N.W., Suite 400, Washington, D.C. 20036.

National Association of Area Agencies on Aging; The National Association of State Units on Aging and TSDI, Inc. "Uniform Description of Services for Aging Programs." Washington, D.C.: National Association of State Units on Aging. (July 1980)(f) (Draft).

This document presents a common reporting system to be used in the implementation of information systems for State Units and Area Agencies. Service names, definitions and unit measures are identified with the purpose of achieving widespread use. Copies are available from NASUA, 1828 L Street, N.W., Suite 400, Washington, D.C. 20036.

National Association of Social Workers, Committee on Aging. "Long-Term Care for the Elderly, Chronically Ill and Disabled." Washington, D.C.: National Association of Social Workers, (1979).

This position paper presents the NASW's 1978 policy statement on future directions in long term care. Suggestions for ways to integrate a "comprehensive and adequately financed continuum of programs, plans and research which is responsive to the needs of the changing structure of the aging population" are well documented.

National Conference on Social Welfare. The Future of Long Term Care in the United States: The Report of the Task Force. Washington, D.C.: National Conference on Social Welfare, (1977).

This is a working document used by the National Council on Social Welfare's Institute of Long-Term Care in 1976 to stimulate thought on the issues involved in restructuring our approach to the long term care system. Background information regarding the future needs of the aged population is presented.

Nelson, G. "Social Services to the Urban and Rural Aged: The Experience of Area Agencies of Aging." The Gerontologist 20 (April 1980): 200-207.

This paper provides the results of a study comparing the efforts of rural and urban Area Agencies on Aging and their impact on service delivery. The study highlighted deficiencies in rural Agencies in securing the appropriate level of fiscal and professional staff resources and in providing services to the frail elderly population.

Oktay, J.S. and Volland, P.J. "Community Care Program: Alternative to Institutionalization." Paper presented at the 107th Annual Meeting of the American Public Health Association, New York, New York, November 4-8, 1979. (To be published).

This paper describes two Community Care Programs (CCP) developed by hospital social work departments to provide community-based care for the elderly. Planning and implementation aspects of the programs are detailed with special emphasis on problems and the ways they were alleviated. In addition, a preliminary evaluation of the program's goal attainment is made. Copies available from the authors at Johns Hopkins Medical Center, 600 North Wolf Street, Baltimore, MD 21205.

Patten, S.K. "Assessment of Client Functioning." A paper prepared for the National Long Term Planning Project. August 1980. To be published.

This paper focuses on the functional assessment aspect of elderly participants in the National Long Term Planning Project. A descriptive overview of assessment, its components, instruments and process is provided within a framework that is particularly useful for the evaluation in the study. The paper was prepared at the Center for Health Services Research at the University of Minnesota in conjunction with the National Long-Term Care Planning project.

Pfeiffer, E., ed. Alternatives to Institutional Care for Older Americans: Practice and Planning. Durham, N.C.: Duke University Center for the Study of Aging and Human Development, 1972.

This volume contains the proceedings of the conference entitled "Alternatives to Institutional Care for Older Americans: Practice and Planning," held at Duke University in 1972 and sponsored by the Older Americans Resources and Services Program. The volume is significant for two reasons. First, the Conference drew together a panel of experts, many of whom have contributed to current ideas about the essential components of a successful delivery system. The volume is also valuable for presenting innovative aspects of service delivery and outlining new concepts in process planning for comprehensive services, as well as the types of services the continuum should include.

Pfeiffer, E. "A Short Portable Mental Status Questionnaire for the Assessment of Organic Brain Deficit in Elderly Patients." Journal of the American Geriatrics Society 27 (October 1975): 443-441.

This paper presents the design of the Short Portable Mental Status Questionnaire as well as the procedures and results of testing used to validate and standardize the instrument. A sample of the questionnaire is an appendix to the article.

Pfeiffer, E. (ed.), Multidimensional Functional Assessment: The Methodology - A Manual. Durham, N.C.: Duke University Center for the Study of Aging and Human Development, 1975.

This manual includes a service list as well as the Multifunctional Assessment tool. A description of the

rationale, administration, reliability and validity of the tool is presented as well as its application in three populations. The Multifunctional Assessment Questionnaire and its uses are included in the appendices of the manual. Available from the Center for the Study of Aging and Human Development, P.O. Box 3003, Duke University Medical Center, Durham, N.C. 27710. Price $6.50.

Prakken, J. An Orientation Program for Geriatric Residents Entering a Therapeutic Community. Ann Arbor: University of Michigan, 1975.

This report outlines the program at Ypsilanti Hospital in Michigan whose purpose is to reorient residents to the community. The paper highlights the purpose, preparation and procedure for client and provider interviews. Available from Institute of Gerontology, University of Michigan, 520 E. Liberty St., Ann Arbor, MI 48109.

Pyreck, J.; Snyder, L.H.; Carroll, K., and Mattson, L.A. Human Development Assessment and Care Planning. Minneapolis: Ebenezer Center for Aging, n.d.

This book contains the background and aplication techniques of the Human Development Inventory (HDI), a psychosocial assessment instrument for use with elderly clients. Processes involved in using the HDI, including interviews and case planning, are detailed. Copies are available from Ebenezer Center, 2626 Park Avenue, Minneapolis, Minnesota 55407. Price $9.50.

Quinn, J. and Ryan, N. "Assessment of the Older Adult: A Holistic Approach." Journal of Gerontological Nursing 5 (April 1979): 13-18.

This article examines the assessment of the elderly person used in the Triage model project. The questions and their purposes in an assessment instrument are addressed. Special attention is drawn to the role of staff in the assessment process.

Rossman, I. "Options of Care of the Aged Sick." Hospital Practice 12 (March 1977): 106-116.

This paper presents the problem of institutional treatment among the elderly, focusing on the inappropriateness of diagnosis and treatment that currently exist. Advocating outpatient options, the author examines the Montefiore home care and after care projects in detail, with a special focus on their medical, psychosocial and cost benefits.

St. John, D.B. "The Illinois Automated Long-Term Care System - Three Years of Experience." Medical Care 14 (May 1976): 192-201.

This article presents an overview of the Illinois central long term care management information system, its design, development, purpose and clientele. Special consideration is given to technical and practical aspects of implementing the system as well as its utilization experience.

Sarason, S.B. and Lorentz, E. The Challenge of the Resource Exchange Network. San Francisco: Jossey-Bass Publishers, 1979.

This book examines the major objectives, problems, and issues involved in improving the exchange of resources in a network of service agencies. The issues of resource availabililty, professionalization, leadership, and coordination are discussed in detail.

Scanlon, W.; DiFederico, E. and Stassen, M. Long-Term Care: Current Experience and a Framework for Analysis. Washington, D.C.: The Urban Institute, 1979.

This monograph is one of a series undertaken by AoA to highlight current health policy issues or change in the area of long term care. This particular report on utilization of long term care services is presented with an emphasis on institutional services and the impact of Medicaid on utilization patterns. In addition, a framework for analysis and design for a system of long term care rendering services in all settings is provided and organized around alternative housing arrangements that elderly persons might choose, and services that might be provided with each arrangement. Available from The Urban Institute, 2100 M Street, N.W., Washington, D.C. 20037. Price $7.00.

Schaie, K.W. and Schaie, J.P. "Clinical Assessment and Aging" In The Handbook of the Psychology of Aging, pp. 692-716. Edited by J.E. Birren and K.W. Schaie. New York: Van Nostrand Reinhold Company, 1979.

This chapter provides an analytic review of the literature dealing with the rationale and techniques involved in the clinical assessment of the older person. The relationship between the assessment date and the client's well-being is discussed as well as future directions in clinical assessment.

Shader, R.I.; Harmatz, J.S. and Salzman, C. "A New Scale for Clinical Assessment in Geriatric Populations: Sandoz Clinical Assessment-Geriatric (SCAG). Journal of the American Geriatrics Society, 22 (3): 107-113, 1974.

This paper reports on a study to evaluate the clinical and research assets of a new instrument in the area of geriatric psycho-pharmacologic research. The results of this comparative analysis indicate that SCAG is an effective instrument for assessing psychopathology in the elderly.

Sherwood, S., ed. Long-Term Care: A Handbook for Researchers, Planners, and Providers. New York: Spectrum Publications, 1975.

This volume is a summary of the significant efforts and research findings in a wide array of topics relevant to adult long term care, with a focus on the institutionalized or at-risk elderly population. Many of the chapters address the issue of maintenance of the elderly in the community as well as the relationship between services needed and delivered.

Shore, H. "What's New About Alternatives?" The Gerontologist4 (February 1974): 6-11.

The author provides a critical insight to the recent ovement toward alternatives to institutionalization, indicating that they are not new and have been in existence for a long time. In a comparative analysis of institutional care and its alternatives, the author dispels many of the myths about the advantages of alternatives in relative depersonalization, costs, quality of care, and choice. Maintaining that both better institutions and programs of community-based services are needed, Shore offers an institution-based model as the best approach to meeting the needs of the elderly.

Silverstone, B.H.; Gurland, B.; Bennett, R.; Wilder, D.; and Gurland, R. "Geriatric Outreach: Description of the Program and Profile of the Client." Paper presented at the 30th Annual Scientific Meeting of the Gerontological Society, November 21, 1977.

This paper discusses the geriatric outreach program at the Jewish Home and Hospital for the Aged in New York and the procedures employed in a comparative study of the program's population profile. The results of the study are analyzed with regard to their implications for program replication, case-finding and selection. This paper is available from Barbara Silverstone, Benjamin Rose Institute, 633 Rose Building, Cleveland, Ohio 44115.

Skellie, F.A. and Coan, R.E. "Community-Based Long-Term Care and Mortality: Preliminary Findings of Georgia's Alternative Health Services Project." The Gerontologist 20 (June 1980): 372-379.

The purposes of this article are threefold. First, The article describes the model which Georgia's Alternative Health Service Project was based. Second, the article examines the preliminary differential mortality statistics between an experimental and a control group. Lastly, the authors analyze these findings and suggests additional related studies.

Smyer, M.A.; Hofland, B.F.; and Jonas, E.A. "Validity Study of the Short Portable Mental Status Questionnaire of the Elderly." Journal of the American Geriatrics Society (1979): 263-269.

This paper reports on the procedures and results of a study to further validate the Short Portable Mental Status Questionnaire developed by Pfeiffer. Attempting to validate the proposed four-tiered classification system, the study indicates that the minimally, moderately, and severely impaired classification system offer the most reliable and valid assessment instrument.

State of Connecticut Department on Aging, Office of Policy and Management, Management and Evaluation Division, Evaluation Report, Unpublished document, March 1979.

This report evaluates the SAIL (Strengthened Assistance for Independent Living) Program sponsored by the State of Connecticut to assist the frail elderly to avoid institutionalization when home care is the better alternative. The report identifies and examines problem areas that relate to geographic coverage, uniformity of projects, administrative paper work and costs. Recommendations for improvements in these areas are included. Available from State of Connecticut, Department on Aging, 80 Washington Street, Hartford, CT 06115.

Steinberg, R. and Carter, G.W. Handbook of Guidelines and Models for Development, Implementation and Evaluation of Case Coordination Programs for the Elderly, Los Angeles: Ethel Andrus Percy Center, October 1980 (in press).

This compendium of various models for case coordination for the elderly is based on the data collected for the AoA sponsored study of "Alternative Designs for Comprehensive Delivery through Case Service Coordination and Advocacy." Guidelines for staffing patterns, funding, inter-organizational linkages, administrative techniques, and evaluation are among the topics presented in detail. Copies are available from the authors at Andrus Gerontology Center, University of Southern California, Los Angeles, California.

Steinberg, R.; Carter, W.; Downing, R.; Hudson, D.O.; and Ishizaki, B.S. Case Coordination with the Elderly: The Experience of Front Line Practice. Los Angeles: Ethel Andrus Percy Center, 1979.

This report contains the proceedings and summary of findings from the Symposium on Case Coordination with the Elderly, held in January 1979 at the Andrus Gerontology Center. The role, training and values of the coordinator, his/her agency settings, and the practice process were all discussed in detail. Copies are available from the authors at Andrus Gerontology Center, University of Southern California, Los Angeles, California. Price $8.00

Taber, M.A.; Anderson, S. and Rogers, C.J. "Implementing Community Care in Illinois - Issues of Cost and Targeting in a Statewide Program." The Gerontologist 20 (June 1980): 380-388.

This paper presents a historical and legislative overview of the Illinois Department on Aging's Community Care Program and highlights the key issues involved in program planning and implementation. Special attention is drawn to client eligibility criteria.

Taietz, P. "Community Complexity and Knowledge of Facilities." Journal of Gerontology 30 (May 1975): 357-362.

This paper reviews a study intended to determine the interrelationship between the community setting in which an elderly person lives and the residents' knowledge of available facilities. The findings indicate a negative relationship between community complexity and knowledge of facilities for rural communities, but for large cities the converse holds true. A discussion of the study's policy implications points to a greater need for provision of basic services within less complex communities.

Tobin, S.S.; Davidson, S.M.; and Sack, A. Effective Social Services for Older Americans. Detroit: Institute of Gerontology, The University of Michigan, Wayne State University, 1976.

This document highlights the complexities involved in organizing effective services for the elderly through an examination of the issues in planning for social services. The framework highlights by whom, under whom and by what method services should be provided. Service needs and provider concerns are discussed with a focus on Area Agency on Aging directors.

Thomson, R.J.; Rachel, R.R.; Newcomer, R.J. "The Area Agency on Aging and Program Development: A Local Prespective." In Planning Services for Older People: Translating National Objectives into Effective Programs, pp. 145-162. Edited by G.L. Maddox and R.B. Karasik. Durham, North Carolina: Duke University Center for the Study of Aging and Human Development, 1976.

The purpose of this case study is to illustrate the successes and failures of the Area Agencies on Aging. The case presentation is organized around the major issues that surround the AAA concept.

Treas, J. "Family Support Systems for the Aged: Some Social and Demographic Considerations." The Gerontologist 17 (August 1977): 486-491.

This paper presents a historical overview of the role of intergenerational kinship in the social support system of the elderly. The author strongly supports her argument against the decline of this mechanism by tracing shifting demographic patterns and social roles, and points to its effectiveness in offering physical, psychological and economic support to the elderly.

U.S. Congress, Senate, Special Committee on Aging, Developments in Aging: 1979 (Part 2 - Appendices), A Report of the Special Committee on Aging, 96th Congress, 2nd session, 1979.

This appendix includes a description of all federally funded projects in aging by department. It provides an overview of the 1979 activities of the Health Care Financing Administration's demonstration projects including: the community-wide loading systems (Wisconsin, Monroe County New York, Georgia's Alternative Health Services); those programs concerned with cost of care (On-Lok in San Francisco); and community-wide coordinating systems (Triage in Connecticut, South Carolina Community Long-Term Care Project).

U.S. General Accounting Office, Report to the Congress: The Well-Being of Older People in Cleveland, Ohio. Washington, D.C.: General Accounting Office, April 19, 1977.

This report aggregates the data of 23 Federal programs targeted at the elderly and administered by various agencies (HEW, HUD, DOT) to a random sample in Cleveland, Ohio in an effort to supply the Congress with information on programmatic impact. The document approaches three major topics: the well-being of the elderly, their social support systems and programmatic issues. The methodology used in the study is detailed.

Weismehl, R. and Silverstein, D. "An Integrated Service Delivery Program for the Elderly: Implementing a Community Plan." Journal of Jewish Community Service 6 (Spring 1975); 260-266.

This article outlines the planning, development and implementation efforts of the Jewish Federation of Metropolitan Chicago to achieve a coordinated system of health and social services. The priorities faced by the Council (such as maintaining the elderly person in the community as a functioning and participating member), as well as the rationale and description of services delivered, are presented.

Whelihan, W.M. "A Geriatric Consultation and Diagnostic Center: One Model for Assessment." Paper presented at the symposium: "Tools for the Clinical Assessment of the Aging." Washington, D.C.: American Psychological Association, September, 1976.

This paper outlines the procedures and principles underlying the development of a psychological assessment device to be used in Philadelphia Geriatric Center's Consultation and Diagnostic Center. Emphasis is placed on the characteristics of the Center as well as the tests used to develop the tool. Special attention is drawn to both the setting and its characteristics as well as the role and function of the psychologist in administering the tests. Reprints available from ELM Services, Suite 410, 4733 Bethesda Avenue, Bethesda, MD 20014.

Whelihan, W.M. "Psychological Assessment in Geriatric Settings." Paper presented at the Annual Meeting of the National Association of Jewish Homes for the Aged, New Orleans, February, 1978.

This paper focuses on the role of the clinical psychologist in the geriatric setting, in an effort to improve the quality of client assessments. Procedures for assessment are detailed with special attention drawn to interactions between psychologists and clients as well as other providers. Reprints available from ELM Services, Suite 410, 4733 Bethesda Avenue, Bethesda, MD 20014.

Williams, T.; Hill, J.G.; Fairbank, M.E. and Knox, K.G., "Appropriate Placement of the Chronically Ill and Aged." Journal of the American Medical Association 226 (December 10, 1973): 1332-1335.

This paper presents the results of a demonstration unit for comprehensive evaluation and placement of aged or chronically ill persons whose condition warranted

consideration for institutional care. A discussion of the importance of the study highlights the significant role of medical evaluation in providing appropriate placement and care.

Woods, D. "Baycrest Centre for Geriatric Care, Part III: Providing Integrated Services." Canadian Medical Association Journal 119 (October 7, 1978): 812-818.

This article discusses the services provided at the Baycrest Center for Geriatric Care in Toronto, drawing special attention to the manner in which services are integrated and provided within a continuum of care model. Emphasis is placed on the role of staff in achieving integrated care.

Zarit, S. Aging and Mental Disorders: Psychological Approaches to Assessment and Treatment. New York: Free Press, 1980.

This volume is aimed at serving professionals working with the elderly by providing them with the knowledge needed to understand as well as to implement realistic functional assessments of clients. The author discusses treatment approaches and policies in terms of the community, the family and the individual. The volume also provides an overview of new advances in behavioral cognitive therapy for the elderly as well as the most current behavioral assessment procedures.

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III. Bibliographies and Indexes:

Cutler, N.E. and Ives, R.W. The Gerontologist Keyword Index: Version 1. Social Policy Lab Research Reports. Los Angeles: Ethel Percy Andrus Gerontology Center, 1976.

DHEW, Health Care Financing Administration, Health Standards and Quality Bureau. Planning for Long Term Care: An Annotated Bibliography, Rockville, MD: Capital Systems Group, Inc. 1979.

DuChez, J. and Torchia, M. Information Resources on Aging and Long Term Care. Rockville, MD: Capital Systems Group, Inc., 1980.

Garen, W.; Lindeman, M.; Lareau, L.; and Heuman, L. Alternatives to Institutionalization: An Annotated Research Bibliography on Housing and Services for the Aged. Urbana, IL: University of Illinois, 1975.

Marshall, C.E. Needs Assessment Bibliography. Monticello, Illinois: Council of Planning Librarians, January 1978.

National Health Planning Information Center. Selected Bibliographic References on Methodologies for Community Health Status Assessment. Health Planning Bibliography Series. Washington, DC: DHEW, Health Resources Administration, 1976.

National Health Standards and Quality Information Clearinghouse. Home Health: Selected Annotated Bibliography. Rockville, MD: Capital Systems Group, Inc., 1980.

Project Share, Providing Human Services to the Elderly, Rockville, MD: Project Share, 1976.

Rhodes, L.: Hamilton, J.P. Alternate Care for the Elderly: An Annotated Bibliography Austin: Lyndon B. Johnson School of Public Affairs (Policy Research Project No. 22. University of Texas, 1977.

MODELS OF SERVICE DELIVERY

Name	Policy Issues	Case Finding/ Client Recruitment	Assessment	Prescription (Case Planning)	Service Delivery	Monitoring of Service	Reassessment/ Feedback
ABDELLAH, 1978			X				
ADAMS et al, 1975			X				
APPLEBAUM et al, 1980					X	X	
AUSTIN, 1976	X				X		
BAYNE/CAYGILL, 1977					X		
BELL, 1973	X						
BENEDICT/HOKE, 1976	X						
BEVERLY, 1975		X	X	X	X		
BLEIWEISS/SIMSON, 1976	X				X		
BLOOM/BLENKNER, 1970			X				
BRODOWSKI, 1979		X	X				
BRODY, E.M., 1977		X		X	X		
BRODY, S.J. et al, 1976		X					
BRODY, S.J. et al, 1978		X	X				
BUMAGIN, 1978	X				X		
BUSSE/BLAZER, 1980	X		X				
BUTLER/LEWIS, 1977		X	X				
BUTLER/NEWACHECK, 1980	X						
CALLAHAN, 1980	X						
CALLAHAN/WALLACK, 1980	X						
CANTOR/MAYER, 1975	X	X		X			
CARO, 1972	X	X			X		
CASEY, 1979	X						
CHOW, 1977		X	X				

MODELS OF SERVICE DELIVERY

Name	Policy Issues	Case Finding	Assessment	Prescription	Service Delivery	Monitoring of Service	Reassessment
CONLY, 1977	X				X		
DAVIDS et al, 1976							X
DELLINGER, 1976			X				
DENSEN/JONES, 1976		X	X				
DUNLOP, 1976	X						
DUNLOP, 1979	X						
EGGERT et al, 1980			X	X	X		
EGGERT et al, 1977		X	X				
FILLENBAUM/SMYER, 1980		X	X				
GALLAGHER et al, 1980		X	X	X			
GAITZ/BAER, 1970			X				
GLASSMAN et al, 1976	X	X					
GOTTESMAN et al, 1979	X	X	X	X			
GREENBERG et al, 1980					X		
GURLAND, COPELAND et al, 1977-1978		X					X
GURLAND, KURIANSKY et al, 1977-1978		X	X				
GUTTMAN, 1977	X			X			
HAINLINE/UNDSAY, 1978	X				X		
HARDY/CULL, 1975				X	X		
HARMAN/WOLF, 19[illegible]					X		
HAVENS/MOSSEY, 1979					X		
HODGSON/QUINN, 1980					X		
HOLMES/HOLMES, 1979	X				X		

MODELS OF SERVICE DELIVERY

Name	Policy Issues	Case Finding/ Client Recruitment	Assessment	Prescription (Case Planning)	Service Delivery	Monitoring of Service	Reassessment/ Feedback
HOLMES et al, 1979	X	X					
HOROWITZ et al, 1978			X				
INGMAN et al, 1979					X		
ISHIZAKI et al, 1979	X					X	
JACOBSON, 1975			X				
JACOBSON, 1979			X				
KAHANA/COE, 1975	X	X			X		
KAHANA et al, 1976	X						
KAHN et al, 1960		X	X				
KAHN/MILLER, 1978		X					
KAMERMAN, 1976	X				X		
KANE/KANE, 1976	X						
KAPLAN, 1977	X						
KATZ/AKPOM, 1976		X	X				
KATZ ET AL, 1970			X				
KISTIN/MORRIS, 1972	X						
KNOWELDEN, 1976	X				X		
KRAUSE, 1977	X				X		
KUTZA, 1980	X	X	X	X			
LANCOURT, 1979	X						
LAVOR, 1979	X						
LAWTON, 1972		X	X				
LAWTON, 1970		X	X				
LAWTON, 1978	X	X					

MODELS OF SERVICE DELIVERY Name	Policy Issues	Case Finding/ Client Recruitment	Assessment	Prescription (Case Planning)	Service Delivery	Monitoring of Service	Reassessment/ Feedback
LAWTON/BRODY, 1969		X	X				
LAWTON et al, 1980		X	X				
LEERING, 1979			X				
LEFTON/LEFTON, 1979	X			X			
LEONARD/KELLY, 1975		X	X				
LEVENSON, 1977	X			X	X		
LIEBOWITZ/BRODY, 1975					X		
LINN, 1976			X				
LOWY/HELPHAND, 1975	X						
MANGEN/PETERSON, 1981		X	X	X		X	X
METSCH, 1976	X					X	X
MILLER, 1979	X						
MAO, 1979					X		
MITCHELL, 1978						X	
MORRIS/SHERWOOD, 1975			X				
MORRISON, 1980			X				
MURAKAMI et al, 1979	X						
NASUA, a, 1979						X	
NASUA, b, 1979						X	
NASUA, c, 1980						X	
NASUA, d, 1980						X	
NASUA, e, 1980						X	
NASUA, f, 1980						X	
NASW, 1979	X						

MODELS OF SERVICE DELIVERY Name	Policy Issues	Case Finding/ Client Recruitment	Assessment	Prescription (Case Planning)	Service Delivery	Monitoring of Service	Reassessment/ Feedback
NCSW, 1977	X						
NELSON, 1980	X				X		
OKTAY/VOLLAND, 1979		X		X	X		
PATTEN, 1980		X	X				
PFEIFFER, 1972	X			X			
PFEIFFER, 1975		X	X				
PRAKKEN, 1975		X			X		
PYRECK et al, n.d.		X	X				
QUINN/RYAN, 1979			X				
ROSSMAN, 1977		X	X				
ST. JOHN, 1976						X	
SARASON/LORENTZ, 1979	X						
SCANLON et al, 1979	X						
SCHAIE/SCHAIE, 1979		X	X				
SCHADER et al, 1974		X					
SHERWOOD, 1975	X	X	X	X	X		
SHORE, 1974	X				X	X	
SILVERSTONE et al, 1977	X	X			X		
SKELLIE/COAN, 1980	X	X		X	X	X	
SMYER et al, 1980			X				
STATE OF CONNECTICUT, 1979		X	X	X	X	X	
STEINBERG, 1980					X		
STEINBERG et al, 1979					X		
TABER et al, 1980		X			X		

MODELS OF SERVICE DELIVERY

Name	Policy Issues	Case Finding/ Client Recruitment	Assessment	Prescription (Case Planning)	Service Delivery	Monitoring of Service	Reassessment/ Feedback
TAIETZ, 1975	X						
TOBIN et al, 1976	X	X			X		
THOMSON et al, 1976	X						
TREAS, 1977	X	X					
U.S. CONGRESS-SENATE, 1979					X		
U.S. GAO, 1977	X	X		X			
WEISMEHL/SILVERSTEIN, 1975	X	X			X	X	
WHELIHAN, 1976			X				
WHELIHAN, 1978			X				
WILLIAMS et al, 1973			X	X			
WOODS, 1978				X	X		
ZARIT, 1980			X				

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